Minutes of Meeting

Tertiary Care Advisory Committee

Date: 29 January 2008 Time: 1:00 PM

Location: 401 Conference Room

ATTENDANCE:

Council: Present: Gregory Allen, DO, John Flynn, Catherine Graziano, Joan Kwiatkowski, Robert J. Quigley, D C (Chair), Ed Quinlan

Not Present: Sam Havens, Robert S.L. Kinder, MD, Gus Mannochia,

Staff: Valentina D. Adamova, Loreen Angell, Michael Dexter, Joseph G. Miller, Esq.

Public: (Attached)

1. Call to Order and Approval of Minutes

The meeting was called to order at 1:05 PM. The Chairman noted that conflict of interest forms were available to any member who may have a conflict. Minutes of the 16 October 2007 site visit to Rhode Island Hospital were approved as submitted. The Chairman requested a

motion for the extension of time for the availability of minutes pursuant to the Open Meetings Act. A motion was made, seconded and passed by a vote of six in favor and none opposed (6-0) that the availability of the minutes for this meeting be extended beyond the time frame provided for under the Open Meetings Act. Those members voting in favor of the motion were: Allen, Flynn, Graziano, Kwiatkowski, Quigley, and Quinlan.

2. General Order of Business

The main item on the agenda was the review of cardiac care services in Rhode Island with regard to catheterization.

Harvey Zimmerman shared a presentation with the committee, summarizing survey data from Rhode Island hospitals for years 2003 through 2007. Mr. Zimmerman's report included the following points:

· A steady decline has been seen in the number of heart attack patients presenting to emergency departments. If trends continue, by 2012 the number of heart attack patients will be little more than half of patients seen in 2003.
· Approximately 35-40% of heart attack patients seen in emergency departments between the years 2003 and 2007 would be eligible for PCI intervention.
· Four hospitals would meet recommended ACC/AHA guidelines to provide primary PCI (36 per year minimum, 50 per year optimum):

RIH, Kent, Landmark and Miriam.

· 62% of AMI patients are transported via ambulance, allowing chance for early notification to the hospital.

· Thrombolytic treatment has declined as PCI has replaced it as the preferred treatment method.

· All Rhode Island acute care hospitals have cardiac catheterization labs with the exception of Newport Hospital and St. Joseph's Hospital; those performing primary and elective PCI have at least two cardiac catheterization labs and those only doing diagnostic have one.

· Cardiac angiography use has decreased 15.2% between the years of 2003 and 2007.

· Primary and elective PCI use in Rhode Island has decreased 3.7% between the years of 2003 and 2007.

Mr. Zimmerman additionally noted the 30-30-30 rule of the Mission Lifeline recommendation: a non PCI hospital transferring a patient to a PCI capable hospital should be able to receive and process patient within 30 minutes; the patient should be able to be transferred to a PCI capable hospital within 30 minutes; the PCI capable hospital should be able to complete PCI within 30 minutes. He stated 90% of the population of Rhode Island is within 30 minutes of a PCI hospital in non-rush hour and in 80% within rush hour.

Additionally, Mr. Zimmerman noted the major source of delay for treatment, cited by 60-70% of most studies was pre-hospital or patient

delay. He suggested this question needs to be addressed within the scope of treatment.

Senator Graziano inquired why the AMI numbers were going down. Mr. Zimmerman cited lower risk factors and better treatment.

Joe Spinale, MD, of Kent County Hospital, commented that the discharge numbers at Miriam and Rhode Island hospital demonstrated in Mr. Zimmerman's presentation were inflated because a portion of those patients had received treatment at another hospital prior to transfer and were being counted twice in the data set. He also suggested that bypass surgeries are declining due to the use of drug-eluding stents and that the current decline would plateau and begin creeping up again as the population ages, unless better form of treatment is found.

Gina Rocha of the Hospital Association of Rhode Island inquired if Mr. Zimmerman had taken into account the recommendation of AHA Lifeline related to pre-hospital care of transmitting a 12-lead EKG to the hospital from the ambulance or Rhode Island's capacity to do so in our current system.

Mr. Zimmerman stated that he did not, but recognized that this capacity is important as 5% or less of patients with chest pains have STEMI, making it essential to know if a patient needs to be taken to a PCI capable hospital or the nearest hospital.

The Chair stated that the ambulatory transport component has been noted previously as an important issue and will be included in the report to the Director. It was noted by Dr. Spinale that the ambulatory advisory board is looking at this issue.

Robert Baute, MD former President and CEO of Kent County Hospital, stated recent data suggests patients transferred from a non-PCI capable hospital to a PCI capable hospital did not receive treatment within 90 minutes.

Senator Graziano commented the committee has not looked at how long it takes the emergency department to diagnose, make the decision to transfer and prepare the patient for transfer, noting this would add to the time for the patient to receive treatment.

Discussion ensued surrounding the transfer of patients between hospitals. Dr. Spinale indicated there are multiple factors involved in evaluating the patient and at times the patient is 3 hours into chest pain and requires transfer to a PCI capable hospital. He stated there have been times when the patient reached The Miriam and the team was not all present or the room ready so an additional half hour was added to the time.

Staff inquired at what point the call goes out to the PCI capable hospital to assemble the team. Dr. Spinale stated that the delay

described above is not encountered during the day, as three labs are in operation, but rather on nights and weekends when the catheterization team has to be called in.

Three issues for the committee to address at the next meeting are: whether the 400 minimum volume for angioplasty should be maintained or changed; whether or not a hospital that performs primary PCI should be required to have open heart surgery backup on site; and if a hospital is not required to have backup on site, what requirements would implemented for hospitals providing primary PCI.

An individual requested that a time period for comments on these issues be provided for interested parties before a vote is taken and that advance notice of a vote be provided to members.

It was determined that issue points will be provided to interested parties relating to subject areas to be reviewed, allowing for public comment and notice would be given prior to committee members prior to a vote.

Senator Graziano requested that members be notified of the nature of the next two meetings, with discussion taking place at the next meeting and a vote taking place at the following meeting.

Adjournment

The next meeting of the TCAC will be held on 26 February 2007 at 1:00 PM. There being no further business the meeting was adjourned at 2:22 PM.

Respectfully submitted,

Loreen Angell